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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/EP99/08602 11/10/1999 *NJS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 198 53 010.2 11/17/1998 *NJS*  
 GERMANY 199 09 816.6 03/05/1999

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	9	17	3
Verified and Acknowledged	<i>WILLIAMS</i> Examiner's Signature <i>NJS</i> Initials				

**ADDRESS**

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 342 Madison Avenue Suite 1921  
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**TITLE**

Surgical navigation system, marking device and pointer for a tracking device

FILING FEE RECEIVED 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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